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APPLICANTS

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** CONTINUING DATA ***** *yes me*

This application is a DIV of 08/291,564 08/16/1994 PAT 6,314,366
 which is a CIP of 08/062,406 05/14/1993 PAT 5,351,194
 which is a CIP of 08/275,547 07/15/1994 ABN

** FOREIGN APPLICATIONS ***** *me me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/22/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY GA	SHEETS DRAWING 13	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Satellite based collision avoidance system

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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